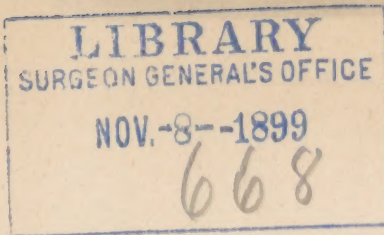


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## LARGE UTERINE FIBROID ACCOMPANIED BY PREGNANCY.

Reported by JAMES B. EAGLESON, M. D. Seattle Wash.

The following case is reported on account of several interesting points which it presents, both clinical and pathological.

Mrs. G. S., aged 42 years, was admitted to the Seattle General Hospital January 13th, 1899, and gave the following history. There was nothing out of the ordinary in her pre-menstrual history, and she had always enjoyed excellent health up to the birth of her daughter, now sixteen years old, after which no other pregnancy occurred. A few years after the childbirth her menstrual flow began to be more profuse than was normal with her, and gradually increased until two years ago, when it became quite excessive and began to affect her general health. About this time she also noticed an enlargement over the womb which led her to consult a physician regarding her condition. He pronounced it a fibroid tumor of the womb, and advised her to let it alone, unless it should cause her more trouble by increasing in size or increased menorrhagia. He evidently thought that at her age there was some hope for an early menopause which might check the development of the tumor.

Its growth continued to be slow and gradual and it gave her little inconvenience aside from the general debilitated condition, until about three months before coming to the hospital, when it began to increase in size quite rapidly and was at times very painful. The menstrual flow had gradually diminished for several months, and for the past three, had ceased entirely, this was taken to be the approaching menopause. During these three months her general health had declined very rapidly. For three weeks before leaving home she noticed a slight afternoon rise of temperature but at no time did she experience any rigors which might indicate the formation of pus.

On physical examination she was found to be quite weak and emaciated. There was an abdominal tumor present which increased her size to that of a seven months pregnancy. Palpation revealed it to be a very firm and elastic tumor, (most probably a solid growth) very nodular and irregular in outline, and much more prominent on the right side where it extended upward and outward above the crest of the ilium. There was also quite a large nodule in the median line and a little to the left of it, above the body of the uterus which was freely movable and was evidently attached to it by a long pedicle. The tumor was very tender to the touch over its whole area but especially on the right side, which was the seat of the severe pain that she suffer-

ed at times. On vaginal and rectal examination the tumor appeared to fill the upper part of the pelvic cavity and by its pressure caused considerable interference with the normal action of both bladder and rectum.



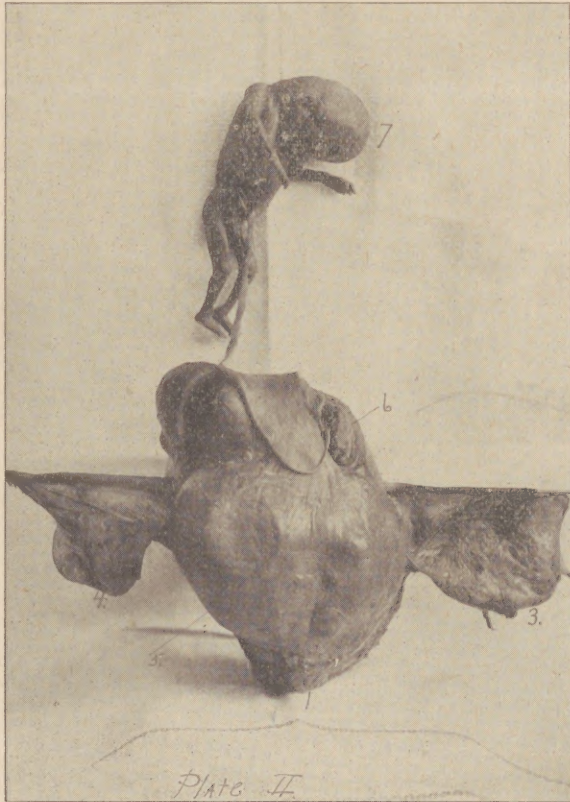
The diagnosis arrived at was that of a large multiple uterine fibroid with localized peritonitis. It was decided to remove it by an abdominal hysterectomy, which operation was performed January 19th.

The patient came from the operating table in a very weak condition from which she did not rally and died at the end of forty eight hours, apparently from exhaustion and general weakness, hastened by the shock of the operation.

On opening the abdominal cavity we found that the uterus, together with the mass of fibroids involving it, had made almost a complete half turn to the right on the axis of the uterine canal. The large mass on the right side which projected up under the margin of the liver was a large cylindrical shaped fibroid growing from the anterior wall of the uterus, and as it increased in size, had gradually forced its way into this position for want of room



to grow in any other direction. The torsion thus produced had brought the left ovary and tube over to the right side of the median line, and the right one had been forced around behind the uterus to the left side. It had become cystic, forming one large cyst the size of an orange, and was filled with broken down blood from an old hæmorrhage into it. It was this ovarian cyst which was felt on palpation through the abdominal wall as a pedunculated nodule above the uterus. The broad and long ligaments



were much elongated as a result of the torsion, so that it was very easy to ligate them with their accompanying vessels. The cyst of the right ovary was accidentally ruptured during its removal and was found to be full of the remains of an old blood clot resulting from a hæmorrhage into the cyst cavity.

The outer end of the large nodule on the anterior uterine wall was quite soft and an incision into it revealed a cavity containing broken down tissue and pus. This abscess formation no doubt accounted for the elevation in temperature for some time before the operation.

When the uterine cavity was opened by an incision through the fundus we were very much surprised to find that it contained

an emaciated foetus of about four months development. Prior to this time pregnancy had not been suspected in the case.

The accompanying cuts will give a much more accurate idea of the specimen than can be gained by the verbal description.



Plate I. gives an anterior, view of the uterus which is held in an upright position by a heavy wire passed into the cervix.

Plate II. gives a posterior view.

Plate III. gives a view of the left side thus showing a profile of the large nodules protruding from the anterior and posterior walls.

Figure 1, is the cervix. Fig. 2. the abscess cavity in the anterior nodule. Fig. 3, the sac of the right ovarian cyst. Fig. 4 the left ovary and tube. Fig. 5, the nodule on the posterior wall.

Fig. 6, the incision in the fundus through which the foetus was extracted. Fig. 7, the foetus. These figures refer to the same points on each of the plates.